MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022076
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

Registration District No. 318 FILED JUN 13 1963 Primary Registration District No. 1003 Registrar's No. 6060

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Luke's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City ~~St. Louis~~
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6816 Washington (30)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: BEN Middle: Last: POLLACK

4. DATE OF DEATH: Month, Day, Year: June 7, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/22/96

9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator restaurant

10b. KIND OF BUSINESS OR INDUSTRY: restaurant

11. BIRTHPLACE (City and state or country): Russia

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Warren L. Pollack ~~Unknown~~ deceased

13b. MOTHER'S MAIDEN NAME: Rebecca (unk) deceased

14. NAME OF HUSBAND OR WIFE: Bessie Pollack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of serv): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Bessie Pollack 6816 Washington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary insufficiency (acute) — INTERVAL BETWEEN ONSET AND DEATH: unknown
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b): arteriosclerotic heart disease — unknown
DUE TO (c): H20.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/12/60 to Death and last saw her/him alive on 2/8/63
Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Davis MD

22b. ADDRESS: 5535 Delmar Boulevard

22c. DATE SIGNED: 6/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.

23b. DATE: 6/9/1963

23c. NAME OF CEMETERY OR CREMATORY: Beth Hamedrosh Hagodol

23d. LOCATION (City, town, or county) (State): Ladue, Mo.

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson Avenue

25. DATE RECD. BY LOCAL REG.: JUN 8 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Louis A. Gudino

Licensed Embalmer No. 4229

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.